

Management training in psychiatry: general professional training

Collegiate Trainees Committee Report

Background

There has been much comment recently on the need to improve management training for junior doctors in general professional training (GPT). This has come from the Chief Medical Officer, the Joint Consultants Committee and Dr John Reed speaking at the College's 1994 Annual Meeting in Cork. The General Medical Council and Conference of Medical Royal Colleges in a recent document on GPT emphasised the need for all doctors to develop skills in team working, problem solving and communication. This document seeks to raise the profile of the acquisition of management skills in GPT in psychiatry.

The recent NHS reforms have led to a massive expansion in the management components of many consultants' jobs and hence the management component of senior registrar training. From being an almost optional extra at the end of training the demands of contracting, resource management and clinical directorship have led to a much more formal and much earlier exposure to management issues. For example, the common practice in Trent Region was for a week's course shortly before becoming a consultant. There is now a formal programme, with the Centre for Health Management Studies, for introductory courses in the first year with follow-up courses in subsequent years and an advanced course on management in psychiatry. There is an expectation of involvement in shadowing managers and participating in management projects.

Although there has been much discussion, particularly in the *Bulletin* (CTC, 1990; Higgins, 1989; McClelland, 1991; Gadd, 1992), about management training at senior

registrar level, relatively little has been written in relation to general professional training (GPT). While the issues of budgeting and running a directorate are unimportant at the general professional training level (i.e. SHO/registrar) there are many aspects of management which maybe useful or even essential at this level. In the past important issues such as team-working and leadership, time management and personal development have been learnt, by experience during clinical placements. The difficulties in doing this and the manifest failure of some consultants to achieve this argue against the continuance of an ad hoc experience/apprenticeship model.

As most of these issues involve the acquisition of skills and attitudes and relatively little hard knowledge they present difficulties in teaching to juniors. However, we have many examples of predominantly skills based learning in psychiatry, e.g. interview skills and psychotherapy. Many of these skills are also essential to performing our clinical roles and career progression and should make life easier for us and make us more effective clinicians. The burgeoning management experience in the NHS also provides a readily available and hopefully sympathetic resource to achieve these aims.

Topics

Below are the main management areas we feel are useful and necessary in GPT.

Time management. There are many pressures on today's junior doctors. Multiple and often simultaneous demands from clinical areas such as accident & emergency and admission wards combine with other less urgent but important tasks as psychotherapy, discharge letters, liaising with

other agencies/personnel/carers, the exam and research. The different coping and time management strategies used by trainees in the same posts illustrates the effects these techniques have on fulfilling clinical roles and quality of life. Basic time management techniques around prioritisation, efficient use of time and role definition and demarcation are required at an early stage of training. Ideally this would begin before the pre-registration year.

Team working/leadership training. The junior doctor, although often relatively young and inexperienced, is often called upon to make difficult decisions and provide a leadership role in situations where immediate back up is not available. Examples include managing violent incidents and suicidal patients, some decisions about Mental Health Act detention, and, as time progresses, representing the consultant on ward rounds and at case conferences. The power to prescribe, the legal role of the nominated deputy, increasing staffing problems and the reduction in numbers of experienced nursing staff due to 'staff mix' alterations, means the doctor, however junior often takes on a leadership role. Although senior advice should be readily available the skills to get the best out of a busy admission ward with insufficient, and often frightened staff, are infrequently imparted by phone at 3.00 am. Attention to basics of leadership and principles of team-work with particular emphasis on consensus building and conflict resolution are suggested. It may even help in the vexed area of rota organisation.

Personal development/career planning. It is often tempting to just drift through rotations and clinical attachments without due thought to either the immediate training opportunities or longer term career needs. With the proposed reforms to postgraduate medical education aiming to reduce the length of training and to increase its structure there is need for more careful career planning and guidance. There are increasing academic pressures on trainees and ever higher expectations for career progression including psychotherapy and sub-specialty experience, the MRCPsych and often Masters degrees, research and administrative experience. It is difficult to achieve a balanced training and a 'complete' curriculum vitae. Greater knowledge of expectations and possible pitfalls along with sound career advice are necessary. A more active role for trainees is needed and the

development of a personal development plan is strongly recommended, proposals being considered to introduce some form of logbook for postgraduate and continuing medical education only partly address this issue.

NHS and College structures. A basic understanding of the 'new NHS' is unfortunately needed at an early stage. Knowledge of an organisation and your role in it should increase your effectiveness. This can have immediate impact in knowing whether to check if you can see a fundholder's patient in out-patients or if an emergency admission is an ECR. The increasing devolution of powers to trusts means that juniors need to be much more involved in negotiating terms and conditions of service than previously. Understanding of College functions and structures shows that there is much more to the College than the examination. College activities include advising government, regions and postgraduate deans; public education; encouraging research; accrediting training schemes; publishing the *Psychiatric Bulletin* and *British Journal of Psychiatry*; continuing professional development. There should be many opportunities to gain political and administrative skills starting with your local junior's committee. This could extend to representing your colleagues on training committees and to management to national opportunities through the Collegiate Trainees Committee and the British Medical Association or Irish Medical Organisation.

How to achieve these objectives?

The basic theoretical aspects can be covered in a very brief course of seminars and much has been written on these subjects in an accessible form. The more practical aspects should be encouraged in trainees by consultants and tutors and the increasing number of senior registrars with formal management training. Written and audio-visual materials should be available in rotation libraries.

Resources

People. There are managers all around from ward managers, through lead clinicians and clinical directors to the unit general

manager – try asking them what they do for a living – politely – there may be opportunities for shadowing local managers.

Supervisors The educational supervisor should be the most important practical supervisor especially if in a management role but the increasing education of senior registrars in management issues provides an excellent resource.

There are also many commercially available learning aids:

Audio-tapes: useful in the drive to those peripheral placements.

Video-tapes: including such stars as John Cleese.

Books: many commercial and academic texts including the entertaining Troubleshooter, part of the BBC Business Matters management guides series, and the College's own publications (Bhugra & Burns (1992), etc.).

Journals: including the managerially influential *The Health Service Journal*.

Courses: some courses designed for SHO/registrars have recently become available, e.g. in the West Midlands.

Distance learning: the Open University runs a variety of management courses for those interested in more formal training up to MBA level.

The opportunity and necessity to practise these skills should be readily apparent but an understanding of underlying processes and the opportunity for discussion and feedback 'on the job' should hasten their acquisition.

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